

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K65133

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

**Entity Name:** CIRCLE CAR CARE COMPANY

**Current Principal Place of Business:**

1002 N FEDERAL HWY  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

1002 N FEDERAL HWY  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

**FEI Number:** 65-0112232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLNER, IRA  
1002 N FEDERAL HWY  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLNER, IRA  
Address: 1002 N FEDERAL HWY  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IRA WILLNER

PRE

02/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date